| | | | | 1. D.O. VOUCHER NO. | | | | | |
|---|-------------------------|---------------------------|--------------------------|---------------------------------------|--|--|--|--|--|
| VOUCHER FOR EMERGENCY OR EXTRAORDINARY | | | | D.G. VOGGILLANG. | | | | | |
| EXPENSE EXPENDITURES | | | 2. BUREAU VOUCHER NO. | | | | | | |
| | | | 2. John Cooner No. | | | | | | |
| 3. VOUCHER | PREPARED AT | | 4. DATE (YYYYMMDD) | 5. PAID BY (For Use of Paying Office) | | | | | |
| | | | , | (1. 111 1. 1 dyg 130) | | | | | |
| 6. UNITED S | TATES, DR., TO (Payee) | | | 1 | | | | | |
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| 7. ADDRESS | (Include ZIP Code) | | | | | | | | |
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| 8. FOR EMERGENCY OR EXTRAORDINARY EXPENSE EXPENDITURES UNDER APPROPRIATIONS LISTED BELOW a. FOR EXPENSES INCURRED DURING THE PERIOD (Fill in only if voucher covers reimbursement of funds actually expended.) | | | | | | | | | |
| FROM: | | | | | | | | | |
| i KOIVI. | h ADDDO | PRIATION CHARGEABLE | 10. | c. AMOUNT | | | | | |
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| | a. CHECK NO. | DATED (YYYYMMDD) | <u> </u> | FOR \$ | | | | | |
| 9. PAID | | ED STATES IN FAVOR OF THE | PAYEE NAMED ABOVE. | | | | | | |
| BY | b. CASH \$ | c. SIGNATURE | OF PAYEE FOR CASH PAYMEN | IT | | | | | |
| | ON (YYYYMMDD) | | | | | | | | |
| INSTRUCTIONS | | | | | | | | | |
| Supporting receipts, if available, or certificates in lieu thereof, should be attached to duplicate copy, except where security may thereby be violated. No details will be shown on the face of voucher. | | | | | | | | | |
| | | e race of voucher. | | | | | | | |
| DD EUDI | 1 281A, JAN 2000 | DDEVIOUS EDITI | ON IS OBSOLETE. | | | | | | |